

CERTIFICATE OF FIELD VERIFICATION AND DIAGNOSTIC TESTING		CF-4R-ENV-20
Building Envelope Sealing		(Page 1 of 1)
Site Address:	Enforcement Agency:	Permit Number:

BUILDING ENVELOPE SEALING

Diagnostic Testing Results			
<i>CFM50_H = the measured airflow in cubic feet per minute (cfm) at 50 pascals for the dwelling with air distribution registers unsealed. SLA = 3.819 x (CFM50_H / Conditioned Floor Area in ft²) per Residential ACM Manual Equation R3-16</i>			
	Building Envelope Leakage CFM50 _H as measured using a blower door diagnostic device	✓	✓
1.	Enter the blower door leakage target CFM50_H value for compliance from the CF-1R (cfm).		
2.	Enter the blower door leakage minimum CFM50_H value corresponding to 1.5 SLA from the CF-1R (cfm).		
3.	Enter the measured CFM50_H value from the blower door test (cfm)		
4.	The leakage test passes if the measured envelope leakage CFM50 _H value from row 3 is less than or equal to the value required for compliance from row 1, otherwise the test fails. check/enter Pass or Fail	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
5.	If measured CFM50 _H from row 3 is less than the minimum CFM50 _H value corresponding to 1.5 SLA from row 2: check/enter < 1.5 SLA, otherwise check/enter ≥ 1.5 SLA	<input type="checkbox"/> < 1.5 SLA*	<input type="checkbox"/> ≥ 1.5 SLA
<p>*Advisory note to builder and enforcement agency: If row 5 indicates "< 1.5 SLA", it is critical to ensure that combustion and solid-fuel burning appliances in the dwelling are provided with adequate combustion and ventilation air and vented in accordance with manufacturers' installation instructions and all applicable codes as specified by ASHRAE Standard 62.2 Section 6.4. Additional information about compliance with this requirement is given in Section 4.6.5 of the Residential Compliance Manual under the topic of Combustion and Solid-Fuel Burning Appliances.</p>			

DECLARATION STATEMENT

- I certify under penalty of perjury, under the laws of the State of California, the information provided on this form is true and correct.
- I am the certified HERS rater who performed the verification services identified and reported on this certificate (responsible rater).
- The installed feature, material, component, or manufactured device requiring HERS verification that is identified on this certificate (the installation) complies with the applicable requirements in Reference Residential Appendices RA2 and RA3 and the requirements specified on the Certificate(s) of Compliance (CF-1R) approved by the local enforcement agency.
- The information reported on applicable sections of the Installation Certificate(s) (CF-6R), signed and submitted by the person(s) responsible for the installation conforms to the requirements specified on the Certificate(s) of Compliance (CF-1R) approved by the enforcement agency.

Builder or Installer information as shown on the Installation Certificate (CF-6R)		
Company Name: (Installing Subcontractor or General Contractor or Builder/Owner)		
Responsible Person's Name:	CSLB License:	
HERS Provider Data Registry Information		
Sample Group # (if applicable):	<input type="checkbox"/> tested/verified dwelling	<input type="checkbox"/> not-tested/verified dwelling in a HERS sample group
HERS Rater Information		
HERS Rater Company Name:		
Responsible Rater's Name	Responsible Rater's Signature	
Responsible Rater's Certification Number w/ this HERS Provider:	Date Signed:	